

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

6757

State File No. 1302

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital				d. STREET ADDRESS (If rural, give location) 111 N. 6th St.			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) Tauschie		c. (Last) Tauschie		4. DATE OF DEATH (Month) (Day) (Year) 2 10 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED		8. DATE OF BIRTH March 18, 1873	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Church Sexton		11. BIRTHPLACE (State or foreign country) Florissant, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Adam Tauschie		13b. MOTHER'S MAIDEN NAME Margaret Devaney		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No Spanish Am War		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Bertha Weber, 2002 John Ave.		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interleukal Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary embolism (partial) DUE TO (c) Rheumatic arthritis II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 17114				INTERVAL BETWEEN ONSET AND DEATH 10 yrs 15 yrs 20 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Jan 19/2, to Feb 10, 1949, that I last saw the deceased alive on Feb 7, 1949, and that death occurred at 8 A. m., from the causes and on the date stated above.							
23a. SIGNATURE Mrs. M. Davis, M.D.		(Degree or title) (M.D.)		23b. ADDRESS 2422 N. Grand Bl.		23c. DATE SIGNED 2/10/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-12-49		24c. NAME OF CEMETERY OR CREMATORY St. Ferdinand		24d. LOCATION (City, town, or county) Florissant, Mo. (State) _____	
DATE REC'D BY LOCAL REG. FEB 10 1949		REGISTRAR'S SIGNATURE J. B. Rasater		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is, not embalmed, fact should be so stated above.